



Hawaii State Department of Health  
State Laboratories Division, Chemistry  
Chemical Terrorism Response Laboratory  
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## Chain of Custody Form

Collected By:	_____	_____	_____
	(Print Name)	(Signature)	Date/Time
Sample ID:	_____		
Purpose:	_____		
Condition/Packaging:	_____		
Temperature/Location:	_____		
Received By:	_____	_____	_____
	(Print Name)	(Signature)	Date/Time
Sample ID:	_____		
Purpose:	_____		
Condition/Packaging:	_____		
Temperature/Location:	_____		
Received By:	_____	_____	_____
	(Print Name)	(Signature)	Date/Time
Sample ID:	_____		
Purpose:	_____		
Condition/Packaging:	_____		
Temperature/Location:	_____		
Received By:	_____	_____	_____
	(Print Name)	(Signature)	Date/Time
Sample ID:	_____		
Purpose:	_____		
Condition/Packaging:	_____		
Temperature/Location:	_____		